

NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITIONS
09 Feb 04

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 01 MARCH 2004. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 22V
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22V"

A. NOTICE. This position is set-aside for an individual MAMMOGRAPHY TECHNOLOGIST. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. MAMMOGRAPHY TECHNOLOGIST. The Government is seeking to place under contract an individual who meets the Food and Drug Administrations (FDA) training requirements for mammography technologists. This individual must also (1) meet all the requirements contained herein; and (2) competitively win this contract award.

Services shall be provided at Naval Hospital Lemoore, CA. You shall be on duty in the assigned clinical area for 8.5 hours per day (to include an uncompensated 0.5-hour lunch break), between the hours of 0730 and 1630, Monday through Friday. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue 8 hours of personal leave at the end of every 80-hour period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Hospital, Lemoore, California or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. You are serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for mammography studies. You shall perform services on site, using Government furnished facilities, equipment and supplies. Caseload includes scheduled and unscheduled requirements for care. You are responsible for delivery of treatment within the personnel and equipment capabilities of the MTF, provision of mandated medical surveillances and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided.

1. ADMINISTRATIVE AND TRAINING FUNCTIONS: You shall:

1.1. Direct supporting government employees assigned to you during the performance of applicable Mammography services (such as: radiologic technologists, hospital corpsmen, students, etc.). You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. You shall perform limited administrative duties which include maintaining statistical records of workload, participating in education programs, preparing documentation according to workload reporting procedures, overseeing ordering of supplies, ensuring efficient inventory control, maintaining patient profiles and participating in clinical staff quality assurance functions as prescribed by the Commanding Officer.

1.2. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

1.3. Participate in the provision of monthly in-service training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to Ultrasound services.

1.4. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Blood borne Pathogens and Fire Safety.

1.5. Participate in the implementation of the Hospital's Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.

1.6. Adhere to radiation safety policies and procedures in accordance with the Standard Operating Procedures of the department.

1.7. Document all procedures and maintain records in accordance with the Standard Operation Procedure Manual for the department.

1.8. Assist in coordinating schedules, daily logs, and data submission for monthly reports. Perform limited administrative duties associated with the maintenance of records for the department.

1.9. Administrative duties may also include: telephone confirmation of patient appointments, pre-screening the patient questionnaire, pulling related patient records and studies and performing patient call backs when directed.

1.10. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.

1.11. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.

1.12. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

1.13. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies

1.14. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

2. CLINICAL SERVICES: Routine workload is scheduled by the treatment facility. Primary workload is related to the provision of medical care by staff health care providers through written or verbal orders. Secondary workload is the result of consultation requests submitted by government staff practitioners. You shall have full responsibility for maintenance and delivery of comprehensive applicable mammography technology services within the personnel and equipment capabilities of the facility, and for the quality and timeliness of record preparation and reports indicated to document care and procedures provided. You shall:

- 2.1. Corroborate patient's clinical history with procedure in accordance with the department's standards.
- 2.2. Explain procedures to the patient and provide appropriate care and communication to allay patient apprehension of examination and correctly position the patient for the examination.
- 2.3. Select and operate breast imaging equipment and associated devices to achieve optimum results.
- 2.4. Position patient and equipment to best demonstrate anatomic area of interest, respecting patient ability and comfort.
- 2.5. Immobilize patients as required for appropriate examination, explaining the need for breast compression during mammography.
- 2.6. Apply principles of radiation protection to minimize exposure to patient, self and others.
- 2.7. Evaluate mammograms or other breast images for technical quality, assuring proper identification is recorded.
- 2.8. Assume responsibility for provision of physical and psychological needs of patients during procedures.
- 2.11. Verify informed consent for, and assist licensed practitioners with interventional procedures; needle localizations, aspirations, biopsies and galactograms.
- 2.12. Practice aseptic techniques as necessary.
- 2.13. Perform radiography of pathologic breast specimens.
- 2.14. Provide and assist or physical breast inspection or palpitation.
- 2.15. Perform Basic Life Support (BLS) when necessary.
- 2.16. Perform venipuncture. Attend facility in-services training and certification as directed.
- 2.17. In accordance with MTF protocols and/or state statute(s), prepare, identify and/or administer contrast media and/or medication as directed by licensed practitioners.
- 2.18. Provide patient education, including breast self-examination techniques.
- 2.19. Perform daily warm up and quality control checks of the Mammography equipment as per manufacturer's recommendations.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Have graduated from a training program in radiological technology approved by the Committee on Allied

2. Meet any one of the following FDA training requirements:
 - a. Earned the advanced certificate in mammography from the American Registry of Radiologic Technologists (ARRT)
 - b. Earned the mammography certification issued by the state of California
 - c. Earned the mammography certification issued by the state of Arizona
 - d. Earned the mammography certification issued by the state of Nevada
 - e. Successfully completed the three-day course in mammography offered by the Medical Technology Management Institute
 - f. Received at least 40 hours of training in topics that can lead to improvement in the quality of mammography. Training can take place in either the technologist's basic curriculum or in formal, organized, continuing education programs inside or outside of the facility.
 3. Be registered in Radiologic Technology (RT) by the American Registry of Radiologic Technologists.
 4. Provide letters of recommendation from three practicing radiologists, physicians or department supervisors attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.
 6. Be eligible for U.S. employment.
 7. Submit a fair and reasonable price, which has been accepted by the Government.
 8. Represent an acceptable malpractice risk to the Navy.
- E. Factors to be used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance:
1. Quality and quantity of experience and training as it relates to the duties described herein, then,
 2. The letters of recommendation required in item D.5., above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc, then,
 3. Additional medical certifications or licensure. This may include additional ARRT certifications, then,
 4. Total Continuing Education hours, then,
 5. Prior medical experience in a military medical facility (Form DD214).

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " *Personal Qualifications Sheet – Mammography Technologist " (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Three or more letters of recommendation per paragraph D.5., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the "Personal Qualifications Sheet - Mammography Technologist". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 you must be initially registered and maintain your registry in Central Contractor Registration (CCR) as a prerequisite to becoming a Department of Defense Contractor. You may register in CCR through the World Wide Web at <http://www.ccr.gov> or www.ccr.dlsi.dla.mil. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment V to this application. The CCR also requires several other codes as follows.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for Mammography Technologist is 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

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Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A sample of a complete contract is available upon request.

The Navy is committed to a paperless acquisition process by the year 2000. This application package is available on the Naval Medical Logistics Command homepage at <http://www-mlc.med.navy.mil/Code02/contractorinfo.htm>

Any questions must be directed to acquisitions@nmlc.med.navy.mil by fax at (301) 619-6793 or by telephone at (301) 619-3199. **NOTE: Reference "Code 22V" in the subject line of all e-mails sent to the stated address.**

We look forward to receiving your application.

ATTACHMENT I**RESUME/ CURRICULUM VITAE
MAMMOGRAPHY TECHNOLOGIST**

1. After contract award, all the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, a Release of Information, an application for clinical privileges which will result in an Individual Credentials File (ICF), all medical licenses held within the preceding 10 years, a copy of your American Heart Association CPR Health Care Provider Course Certification card (or equivalent), continuing education certificates, and employment eligibility documentation. If you submit false information, either:

(a) your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts, and/or

(b) you may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.

2. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. This includes a record of required immunizations/tests. Maintaining current immunizations/test status is your responsibility. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided is part of my response to and for use in the consideration of a Government contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

(Signature)

(Date)mm/dd/yy)

3. Malpractice Risk Information. Individuals providing service under Government contracts must represent an acceptable malpractice risk to the Government. The information provided is part of my response to and for use in the consideration of a Government contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract

MALPRACTICE RISK INFORMATION

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? Indicate final disposition of the case in comments)	___	___
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

4. Resumes/Curriculum Vitae. Every item on the resume outline must be addressed. Please sign and date at the end of your resume. Any additional information required may be provided on a separate sheet of paper.

A. General Information. At a minimum, include

Your name (Last/First/Middle), and
Your Social Security Number, and
Your current Address (address/city/state/zip code), and
Telephone numbers where you may be reached (including area code), and
Email address(es) where you may be reached.

B. Professional Education. At a minimum, include:

The name of the training program in radiologic technology approved by the Committee on Allied Health Education and Accreditation and the date of that degree, and

Evidence that you possess qualifications specified by the Food and Drug Administration, and

Evidence of registration in Radiologic Technology (RT) by the American Registry of Radiologic Technologists.

C. Continuing Education: Evidence that you have successfully completed the continuing education credit requirements of the ARRT. Provide the course name, course dates and, continuing education credits received.

D. BLS: Provide evidence of current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardiopulmonary Resuscitation) for the Professional Rescuer; or equivalent. Provide the training type listed on the card and the expiration date. A copy of both sides of the card shall be submitted. **DO NOT SUBMIT THE ORIGINAL CARD.**

E. Professional Employment: List your current and preceding employers for the past 10 years, even if they are not related to your experience as a mammography technologist. Provide the name and address of each employer, the dates of employment and a general description of the work performed/major duties/organizational position. For the most recent 2 employers, provide the name, address and, telephone number of your workplace supervisor.

If you are you currently employed on a Navy contract, please disclose the location of your current contract, the position you hold, and the contract expiration date.

G. Employment Eligibility: Provide the documentation (as shown in Attachment II) that demonstrates that you meet the requirements for U.S. Employment Eligibility. If you do not, please provide an explanation. A contract will not be awarded to any individual in violation of the Immigration and Naturalization laws of the United States.

H. Professional References: Provide three letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor (allopathic or osteopathic). The other letters must be from either clinic or hospital administrators, or practicing physicians (allopathic or osteopathic). Reference letters shall attest to your communication skills and ability to relate to patients as well as professional and other interpersonal skills among staff members and must include name, title, phone number, date of reference, address and signature of the individual providing reference. To be completely relevant to the requirements contained herein, your letters must specifically address your experience in radiology.

I. Required Immunizations/Screening Tests: Provide evidence of Hepatitis B Series (including dates) and PPD (including date of last reading and sero-conversion status).

J. Military Experience. Provide any MTF or military experience within the last 10 years that may enhance your ranking. If you have prior military experience, provide a copy of your form DD214.

K. Additional Information: Provide any additional information you feel may enhance your ranking based on the ranking criteria that have been listed in descending order of importance, such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

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XII. I hereby certify the above information to be true and accurate:

(Signature)

(Date) (mm/dd/yy)

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 1 July 04 through 30 Sep 04. Four option periods will be included which will extend services through 30 June 09, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Mammography Technologist in the Lemoore, CA area. The average hourly price awarded previously for performance in 2004 by Mammography Technologist is \$28.97 for the Lemoore, CA area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u> <u>Amount</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Mammography Technologist for the Naval Hospital, Lamoore, CA, in accordance with this Application and the resulting contract.				
0001AA	Base Period; 1 Jul 04 thru 30 Sep 04	528	Hour	_____	
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	2096	Hour	_____	
0001AF	Option Period V; 1 Oct 08 thru 30 June 09	1560	Hour	_____	

TOTAL FOR CONTRACT LINE ITEM 0001 _____

Printed Name _____

Signature _____

SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document

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7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

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5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
Citizen in the United States
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a)

ATTACHMENT IV

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/> or <http://www.ccr.dlis.dla.mil/>. If you do not have internet access, please call (301) 619-3015 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 022V
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-2925 or (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Email Address: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: _____